MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186-a

11866

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Broomes Island, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: Broomes Island Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William M. Barnes

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Nellie R. Barnes
6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Jan. 23, 1864

8. AGE: Years: 75 | Months: 10 | Days: 9 | If less than one day: hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Postmaster

11. Industry or business

FATHER
12. Name: Levin Barnes
13. Birthplace: Virginia

MOTHER
14. Maiden name: Margaret Hills
15. Birthplace: Virginia

16. Informant: Levi Barnes
Address: Broomes Island

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 4, 1939 (month) (day) (year)
Cemetery or crematory: Broomes Island
Location: Broomes Island

18. Funeral director: A. O. Harkness & Son
Address: Mutual, Md.

19. 11/4 (Date rec'd by registrar) 1939 D. M. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 2 1939, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 18 1939, to December 1939, and that I last saw him alive on November 16 1939.

Immediate cause of death	DURATION
Fall down steps	October 18
Laceration of head	
Cerebral Hemorrhage	
Due to Senile Dementia	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Roger Jett M. D. or other
Address: Prince Frederick Date signed 12/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

82-a

11867

Reg. Dist. No. 50

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH

County Calvert.

City or town Solomons

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Calvert.

City or town Solomons Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lenora Ellen Dixon

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

B (b) Name of husband or wife: Elbert Dixon.

6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Sept. 26, 1892

8. AGE: Years 47 | Months 3 | Days 0 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: At home

FATHER

12. Name: Willis Overton

13. Birthplace: Conn.

MOTHER

14. Maiden name: Samantha Ketchem

15. Birthplace: Md.

16. Informant: Mozie Dixon.

Address: Solomons

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/27/39 (month) (day) (year)

Cemetery or crematory: Methodist.

Location: Solomons. Md

18. Funeral director: A. A. Harkness Son

Address: Mutual, Md

19. 12-26 1939 D.E.S. Coster

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 25 1939, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1927 1939 to date 1939, and that I last saw her alive on Dec 25, 1939.

Immediate cause of death	DURATION
Cerebral apoplexy	1 hour.
Due to Arterio sclerosis	8 yrs
Due to Hypertention	8 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. T. Macare M. D. or other

Address Prince Frederick Date signed 12/26

RECEIVED
JAN 8 1940
U. S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH
411 N. Charles St., Baltimore (119)

11868

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Calvert Co Hospl.
Stay in hospital or inst. (yrs., or mos., or days): 5 hours
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cal.
City or town: Island Creek, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Janers Jackson
3. (b) Social Security Number

4. Sex: M
5. Color or race: C.
6. (a) Single, married, widowed, or divorced: S.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept. 12, 1938
8. AGE: Years 10 Months 3+5 Days 4 If less than one day hrs. min.
9. Birthplace: Md.
(Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER 12. Name: Janers Jackson
13. Birthplace: ~~Rachael~~ Md.
MOTHER 14. Maiden name: Rachael Miller
15. Birthplace: Md.
16. Informant: Jas. Jackson
Address: Island Creek
17. (Burial, cremation, or removal. Which?) Date thereof 18/12/39 (month) (day) (year)
Cemetery or crematory: Island Creek
Location
18. Funeral director: P. E. Sewell
Address: Prince Frederick
19. 39 Dec 18 1939 (Date rec'd by registrar) H Clare Bros Md. Registrar
Dec 18 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/16 1939, at 10 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1939, to date
and that I last saw him alive on 12/16/ 1939
Immediate cause of death: Diarrhea & Enteritis — DURATION: 10 days
Due to
Due to
Other conditions: Bronchopneumonia — 8 days
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: E. T. Bruce M. D. or other
Address: Prince Frederick Date signed 12/17/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

#2 (117) 11869

Reg. Dist. No. 3-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Port Republic
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Port Republic Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harry Eugene Parker (Parker)

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	S.

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 4, 1939

8. AGE: Years | Months: 5 | Days: 3 | If less than one day: hrs. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Oliver Parker.
13. Birthplace: Md

MOTHER
14. Maiden name: Blanche Wallace
15. Birthplace: Md

16. Informant: Oliver Parker.
Address: Port Republic

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 8, 1939 (month) (day) (year)
Cemetery or crematory: Brown Chapel
Location: Port Republic

18. Funeral director: Cephas Wallace
Address: Port Republic

19. 12-8-1939 (Date rec'd by registrar) J. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/7/1939, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/4/1939, to 12/7/1939, and that I last saw him alive on 12/6/1939.

	DURATION
Immediate cause of death: Diarrhea & Enteritis	1 Mo.
Due to: Mal nutrition	5 Mo.
Due to:	
Other conditions: Otitis Media	1 wk.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E. Brauer M. D. or other
Address: Prince Frederick Date signed: 12/8

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

#1

11870

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Port Republic
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Port Republic Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Herman Leroy Parker.

3. (b) Social Security Number:

4. Sex: M
5. Color or race: C
6. (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 4, 1939

8. AGE: Years | Months: 5 | Days: 3 | If less than one day: hrs. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Elmer Parker.
13. Birthplace: Md.

MOTHER
14. Maiden name: Blanche Wallace
15. Birthplace: Md.

16. Informant: Roger Parker.
Address: Port Republic

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 8, 1939 (month) (day) (year)
Cemetery or crematory: Brown Chapel
Location: Port Republic

18. Funeral director: Stephen Wallace
Address: Port Republic

19. 12/8 1939 (Date rec'd by registrar) J. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/7/1939, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/4/1939, to 12/7/1939 and that I last saw h alive on 12/7/1939

	DURATION
Immediate cause of death: Diarrhea & Enteritis	1 mo.
Due to: Malnutrition	5 mo.
Due to:	
Other conditions: Otitis Media	1 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E. J. Brown M. D. or other
Address: Prince Frederick Date signed 12/8

RECEIVED
JAN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11871

1. PLACE OF DEATH (97)

County Calvert Registration Dist. No. 52

Village or City Owing No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Jane Rice If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years 72 Months ? Days ? If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Eli Rice

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cecilia ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mary E Wells Sunderland

18. BURIAL, CREMATION, OR REMOVAL Place Mt Harper Date Dec 17, 1935

19. UNDERTAKER (Address) Pinkney Seal Pr Frederick

20. FILED Dec 17, 1935 W H Hardesty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1937, to Dec 12, 1935

I last saw him alive on Dec 17, 1935; death is said to have occurred on the date stated above, at 8 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Hugh W Ward M. D.

(Address) Owing Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JAN 6 1940
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN